



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

2016 Home Health Survey

Part A : General Information

1. Identification

UID:HHA072

Facility Name: Visiting Nurse Health Systems Metro Atlanta

County: Fulton

Street Address: 5775 Glenridge Drive NE Suite E200

City: Atlanta

Zip: 30328

Mailing Address: 5775 Glenridge Drive NE Suite E200

Mailing City: Atlanta

Mailing Zip: 30328

Medicaid Provider?

Check the box to the right if the agency is a medicaid provider ☒

If you indicated yes above, please report the medicaid number below.

00041379A

Medicare Provider?

Check the box to the right if the agency is a medicare provider ☒

If you indicated yes above, please report the medicare number below.

117000

2. Report Period

Report Data for the full twelve month period, January 1, 2016 - December 31, 2016 (365 days).

Do not use a different report period.

Check the box to the right if your facility was **not** operational for the entire year. ☐

If your facility was **not** operational for the entire year, provide the dates the facility was operational.

Part B : Survey Contact Information

Person authorized to respond to inquiries about the responses to this survey.

Contact Name: Allen Burke

Contact Title: CFO

Phone: 404-215-6050

Fax: 404-215-6001

E-mail: allen.burke@vnhs.org

Part C : Ownership, Operation and Management

1. Ownership, Operation and Management

As of the last day of the report period, indicate the operation/management status of the facility and provide the effective date. Using the drop-down menus, select the organization type. If the category is not applicable, the form requires you only to enter Not Applicable in the legal name field. You must enter something for each category.

A. Agency Owner

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Visiting Nurse Health System, Inc.	Not for Profit	09/10/1948

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Not Applicable	Not Applicable	

C. Agency Operator

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Not Applicable	Not Applicable	

D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Not Applicable	Not Applicable	

E. Management Contractor

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Not Applicable	Not Applicable	

F. Management's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Not Applicable	Not Applicable	

2. Branch Offices

If your agency has a branch office or branch offices please check the box to the right.



3. Branch Office Locations

If your agency operates branch offices please provide the following information on branch locations.

Branch Office	Street Address	Street City	County	Date Est.
VNHS - Fayetteville	1240 Hwy 54 W, Ste 301	Fayetteville	Fayette	06/15/2007

VNHS - Sugarloaf	2170 Satellite Blvd, Ste 355	Duluth	Gwinnett	05/01/2011
VNHS - Kennesaw	112 Town Park Drive, Ste 115	Kennesaw	Cobb	08/01/2007

Part D : Agency Utilization and Patient Caseload Information

1. Health-Related Visits

Please report the number of health-related visits (not units) during the report period by service/discipline. Also, please provide the per visit rate your agency charges for providing each of the services indicated. Use the blank lines to report other services/disciplines.

Service/Discipline	Number of Visits	Charge per Visit
Skilled Nursing	87,682	205
Physical Therapy	85,489	205
Home Health Aide	10,796	205
Occupational Therapy	19,899	205
Medical Social Services	1,576	205
Speech Pathology	3,082	205
Chaplain	67	205
	0	0
	0	0

2. Agency Caseload

Please report the total number of cases at the end of the business day on December 31, 2016.

1504

4. Completed Medicare Episodes of Care

Provide the total number of completed Medicare episodes of care during the report year. Include all completed episodes including Low Utilization Payment Adjustments (LUPA).

8975

5. Health-Related Patients by Race/Ethnicity

Please report the number of health-related patients during the report period using the following race and ethnicity categories.

Race/Ethnicity	Number of Patients
American Indian/Alaska Native	33
Asian	236
Black/African American	7,928
Hispanic/Latino	205
Pacific Islander/Hawaiian	25
White	9,019
Multi-Racial	26

6. Health-Related Patients by Gender

Report the number of health-related patients by gender served during the report period.

Gender	Number of Patients
Male	7,205
Female	10,267

7. Health-Related Visits by Payer

Please report the number of Health-Related visits, unduplicated patients, and the gross and net

patient revenue during the report period by each payer. Please note that gross and net patient revenue totals must balance to those reported in Part E.)

Payer	Patients	Visits	Gross Revenue	Net Revenue
Medicare	7,886	114,679	22,935,827	21,463,208
Medicaid	801	8,658	1,374,753	488,400
Other Government Payers	95	1,008	102,765	85,802
Managed Care (HMO/PPO)	5,954	61,502	7,307,196	6,101,057
Other Third Party Insurers	2,002	19,718	4,057,101	3,387,429
Self Pay	734	3,026	90,904	0
Other Non Government	0	0	0	0

Part E : Agency Financial Summary, Indigent and Charity Care Provided and Patient Point of Origin

1. Indigent and/or Charity Care Policy

Check the box to the right if the agency had a formal written policy or written policies concerning the provision of indigent and/or charity care during 2016. ☒

If you indicated yes above, please indicate the effective date of the policy or policies.

01/01/2011

2. Person Responsible

Please indicate the name and title or position held by the person most responsible for adherence to or interpretation of the policy or policies you will provide the department.

Allen Burke, CFO

3. Charity Care Provision

Check the box if the policy or policies included provision for the care that is defined as charity. ☒

4. Financial Table

Please complete the following financial table for the 2016 calendar year. Please note that Total Uncompensated Indigent and Charity Care Charges (automatically calculated by the database) should not exceed Gross Indigent and Charity Care Charges.

Revenue or Expense	Amount
Gross Patient Revenue	35,868,546
Medicare Contractual Adjustments	1,434,322
Medicaid & Peachcare Contractual Adjustments	787,940
Other Contractual Adjustments	0
Total Contractual Adjustments	2,222,262
Bad Debt	1,451,292
Indigent Care Gross Charges	0
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	0
Charity Care Gross Charges	669,096
Charity Care Compensation	0
Uncompensated Charity Care (Net)	669,096
Other Free Care	0
Total Net Patient Revenue	31,525,896
Adjusted Gross Patient Revenue	32,194,992
Other Revenue	0
Total Net Revenue	31,525,896
Total Expenses	0
Adjusted Gross Revenue	32,194,992
Total Uncompensated I/C Care	669,096
Percent Uncompensated Indigent/Charity Care	2.08%

5. Indigent or Charity Care Cases

Report the number of home health care patients who were classified as being indigent or charity care cases and for which patient charges were written off to indigent or charity care accounts as reported in Part E, Question 4 above.

1535

6. Patient Point of Origin

Report the number of home health care patients who were referred to your agency by each of the following healthcare points of origin

Point of Origin	Number of Patients Referred
Hospitals (via discharge planner)	18,473
Physicians	5,478
Other Home Health Agencies	231
All Other Healthcare Providers	1,920

7. Referral Hospitals

Please provide the names of the hospitals above who referred patients during the report year.

Hospital Name	Patients Referred
Athens Regional Medical Center	8
Atlanta Medical Center	116
Barrow Regional Medical Center	1
Children's Healthcare of Atlanta	2
DeKalb Medical Center	95
DeKalb Medical Center Hillandale	46
Eastside Medical Center	49
Emory Adventist Hospital	1
Emory Johns Creek	426
Emory Rehabilitation Hospital	467
Emory Saint Joseph's Hospital	1,995
Emory University Hospital	2,126
Emory University Hospital Midtown	2,592
Grady Memorial Hospital	834
Gwinnett Medical Center Duluth	194
Gwinnett Medical Center Lawrenceville	1,048
Newton General Hospital	12
North Fulton Medical Center	92
Northeast Georgia Health Center	135
Northeast Medical Center at Lanier Park	1
Northside Cherokee Medical Center	113
Northside Forsyth Hospital	432
Northside Hospital	2,013
Phoebe Putney Memorial Hospital	1
Piedmont Fayette Hospital	352
Piedmont Henry Hospital	1,091

Piedmont Hospital	3,634
Piedmont Mountainside Hospital	6
Piedmont Newnan Hospital	54
Regency Hospital	1
Rockdale Hospital	58
Shepherd Center	10
South Fulton Medical Center	10
Southern Regional Medical Center	22
Spalding Regional Medical Center	2
Tanner Medical Center	5
Veterans Administration Medical Center	179
Wellstar Cobb Hospital	74
Wellstar Douglas Hospital	11
Wellstar Hospital Kennestone	152
Wellstar Hospital Paulding	7
Wellstar Windy Hill Medical Center	4
Wesley Woods Medical Center	2
Total	18,473

Part F : Agency Workforce Information

This information is being collected to support Georgia's healthcare workforce planning activities.

1. Budgeted FTE

Please report the number of budgeted fulltime equivalents (FTEs) and the number of vacancies as of 12-31-2016.

Profession	Budgeted FTEs	Vacant Budgeted FTEs	Contract/Temporary Staff FTEs
Registered Nurses (RNs Advanced Practice)	204	32	2
Licensed Practical Nurses (LPNs)	18	1	0
Aides/Assistants	10	2	0
Allied Health/Therapists	106	10	2

2. Filling Vacancies

Please enter the average time needed during the past six months to fill each type of vacant position.

Type of Vacancy	Average Time Needed to Fill Vacancies
Registered Nurse	90 Days
Licensed Practical Nurse	35 Days
Aide/Assistant	60 Days
Allied Health/Therapists	60 Days

Part G : Monthly Admissions, Readmissions and Utilization by Patient County

1. Monthly Admissions and Readmissions

Provide the number of new admissions and readmissions in each of the months during the report year

Month	New Admissions	Re-Admissions
January	1,361	30
February	1,298	77
March	1,308	121
April	1,201	152
May	1,208	156
June	1,191	159
July	1,127	202
August	1,051	200
September	1,037	226
October	1,069	244
November	966	186
December	947	246

2A. Patient Origin Part A.

Patient Origin - Report the admissions, visits, and caseload by county for the report period. Caseload totals are for 1/1/2016. Admissions should capture all admissions during the report year. Visits should capture all visits during the report year. Report patients served for the four age cohort groups. The Total Patients column will be automatically calculated. You will not be able to enter data in that column. Also provide patients for ages 60 to 79 in the column provided.

County	Beginning Caseload	Admissions	Total Visits	Patients 60-79	I/C Patients	Patients Under 18	Patients 18-64	Patients 65-79	Patients 80 & Over	Total by Age
Barrow	10	83	974	44	3	0	47	33	13	93
Bartow	2	40	365	15	0	0	28	8	6	42
Butts	10	77	662	42	6	0	46	32	9	87
Carroll	8	18	332	11	0	0	13	10	3	26
Cherokee	14	384	3,818	210	14	0	172	147	79	398
Clayton	100	1,041	12,109	577	144	0	578	414	149	1,141
Cobb	115	1,422	14,989	763	63	0	681	536	320	1,537
Coweta	13	214	2,717	131	19	0	107	92	28	227
DeKalb	429	3,459	54,286	1,728	386	0	1,460	1,307	1,121	3,888

Douglas	17	157	1,910	73	7	0	95	57	22	174
Fayette	27	302	4,005	183	7	0	122	139	68	329
Floyd	1	1	6	0	0	0	1	0	1	2
Forsyth	37	358	4,130	210	14	0	165	159	71	395
Fulton	462	4,581	61,359	2,396	499	0	1,819	1,827	1,397	5,043
Gwinnett	285	2,067	26,129	1,165	204	0	974	888	490	2,352
Hall	7	84	808	41	9	1	47	32	11	91
Haralson	0	1	4	0	0	0	1	0	0	1
Henry	83	749	9,703	423	84	0	386	312	134	832
Jasper	3	10	198	7	1	0	8	4	1	13
Newton	34	247	3,924	140	25	0	161	98	22	281
Paulding	5	45	413	17	4	0	29	15	6	50
Pickens	1	22	176	12	3	0	13	5	5	23
Polk	0	1	6	0	0	0	1	0	0	1
Rockdale	20	200	2,844	123	17	0	113	80	27	220
Spalding	6	73	816	47	15	0	48	27	4	79
Walton	20	127	1,908	79	11	0	56	63	28	147
Total by Age	0	0	0	0	0	1	7,171	6,285	4,015	17,472

2B. Patient Origin Part B.

Please report the Gross Charges, Adjusted Gross Patient Revenue and Net Uncompensated Charges by County. The grand total of each of these must balance to the Gross Patient Revenue, Adjusted Gross Patient Revenue and Net Uncompensated Charges reported in Part E Question 4.

County	Gross Charges	Adjusted Gross Patient Revenue	Net Uncompensated Charges
Barrow	167,485	150,332	1,308
Bartow	62,764	56,336	0
Butts	113,835	102,176	2,615
Carroll	57,090	51,243	0
Cherokee	656,529	589,289	6,103
Clayton	2,082,219	1,868,964	62,769
Cobb	2,577,454	2,313,478	27,461
Coweta	467,205	419,356	8,282
DeKalb	9,334,822	8,378,777	168,255
Douglas	328,437	294,799	3,051
Fayette	688,685	618,152	3,051
Floyd	1,032	926	0
Forsyth	710,180	637,445	6,103
Fulton	10,551,070	9,470,460	217,510
Gwinnett	4,493,047	4,032,882	88,922
Hall	138,941	124,711	3,923
Haralson	688	617	0
Henry	1,668,492	1,497,610	36,615
Jasper	34,047	30,560	436

Newton	674,757	605,650	10,897
Paulding	71,018	63,745	1,744
Pickens	30,264	27,165	1,308
Polk	1,032	926	0
Rockdale	489,044	438,957	7,410
Spalding	140,316	125,946	6,538
Walton	328,093	294,490	4,795
Total	35,868,546	32,194,992	669,096

Electronic Signature

Please note that the survey WILL NOT BE ACCEPTED without the authorized signature of the Chief Executive Officer or Executive Director (principal officer) of the facility. The signature can be completed only AFTER all survey data has been finalized. By law, the signatory is attesting under penalty of law that the information is accurate and complete.

I state, certify and attest that to the best of my knowledge upon conducting due diligence to assure the accuracy and completeness of all data, and based upon my affirmative review of the entire completed survey, this completed survey contains no untrue statement, or inaccurate data, nor omits requested material information or data. I further state, certify and attest that I have reviewed the entire contents of the completed survey with all appropriate staff of the facility. I further understand that inaccurate, incomplete or omitted data could lead to sanctions against me or my facility. I further understand that a typed version of my name is being accepted as my original signature pursuant to the Georgia Electronic Records and Signature Act.

Authorized Signature: Allen Burke

Date: 03/03/2017

Title: CFO

Comments: